

# 2017 CJCC Spring Public Meeting

## *Shining Light on an Emerging Threat: Synthetic Opiates in the District of Columbia*

### Introduction

On Thursday, April 6, 2017, the CJCC convened its annual Spring Public Meeting focused on the growing threat to District communities posed by synthetic opiates – highly addicting and tightly regulated substances that are increasingly being manufactured illicitly. These lethal drugs are relatively easy to obtain via the web or on the street. Synthetic opiate-related overdoses and deaths are on the rise, reaching epidemic proportions across the United States. Locally, there has been an increase in the numbers of synthetic-opiate related overdoses and deaths in the District.



*Director Nancy Ware (CSOSA) and Executive Director Mannone Butler (CJCC) delivering opening remarks to Public Meeting attendees.*

The Public Meeting was held at Shiloh Baptist Church in Northwest Washington, DC. Audience members consisted of a cross-section of government officials, community behavioral health and substance abuse treatment providers, social service providers, community advocates, and concerned citizens.

CJCC Executive Director **Mannone Butler** welcomed attendees to the public meeting, and introduced CJCC Co-Chair **Nancy Ware**, Director, Court Services and Offender Supervision Agency (CSOSA), who provided opening remarks. Attendees were also welcomed by **Reverend George Mensah**, pastor at Shiloh Baptist Church. Reverend Mensah noted that Shiloh Baptist Church has an active social ministry, willing to distribute and publicize information to the public regarding the District's synthetic opiate problem.

The Public Meeting served as an opportunity to hear first-hand from District of Columbia leaders on the extent of the synthetic opiate threat, and was an open forum for the community to engage in a frank discussion on District prevention, treatment, and law enforcement responses moving forward.



*Reverend George Mensah welcoming attendees to Shiloh Baptist Church*

## Audience Survey



*Attendees participating in an interactive real-time audience survey*

Attendees participated in an interactive audience survey, which provided real-time audience feedback on a range of questions about synthetic opiates in the District. While the audience was split as to whether synthetic opiate abuse was a problem in their neighborhoods (33% Yes, 33% No, 33% Unsure), over 60% of the audience agreed that it was either very easy, or fairly easy, to obtain synthetic opiates in the District. Furthermore, 68% of attendees personally knew someone who has been affected by opiate use.

38% of attendees believed that greater availability of addiction treatment services was most needed to address

the growing opiate threat. 30% responded that increased public awareness on the dangers of synthetic opiates was needed. 24% instead believe that increased prevention and outreach is most needed. Only 3% of respondents felt that more law enforcement responses to stop drug sales was the most pressing need to address the opiate threat.

## Video Segment – The Dangers of Fentanyl

Attendees watched an introductory video segment, highlighting the deadly nationwide spread of fentanyl – a synthetic opiate often mixed with heroin, but which can be up to 50 times more potent than heroin. According to the CDC, in 2015 the number of opioid deaths surpassed 30,000, fueled in part by a surge in fentanyl overdoses. Minute amounts, equivalent to a few grains of salt, can be lethal to users, or to other individuals or law enforcement officers who come in contact with the substance.

Synthetic fentanyl is largely produced in Mexico and China, and is then smuggled all across the U.S. The incentive for illicit fentanyl production is driven by its low-cost; fentanyl is cheaper and easier to produce than heroin, and is often mixed into heroin by dealers to boost potency and increase profits. Since fentanyl is deadly in extremely small quantities, slight variations in the amount of fentanyl mixed in with heroin batches can be fatal to users.



## Synthetic Opiates in the District – Local Panel Discussion

**Moderator** Dr. Jenifer Smith, Director, Department of Forensic Services

**Panelists** Kimberly Chisley-Missouri, Assistant Chief, Metropolitan Police Department

Leslie Cooper, Deputy Director, Pretrial Services Agency

Dr. Chikarlo Leak, Forensic Epidemiologist, Office of the Chief Medical Examiner

Dr. LaQuandra Nesbitt, Director, Department of Health

Dr. Tanya Royster, Director, Department of Behavioral Health

Alicia Washington, Acting Deputy Attorney General, Public Safety Division

Dr. Jenifer Smith moderated the panel discussion, during which local and federal leaders shared information on District efforts to combat synthetic opiate use in the District. Dr. Smith noted that District agencies have been working collaboratively on the synthetic opiate issue for a number of years.

Dr. Chikarlo Leak shared that the Office of the Chief Medical Examiner (OCME) examines trends in mortality and shares its findings with partner agencies. Epidemiology involves tracking trends in behaviors and health conditions, identifying problems and their sources, and tracking the characteristics of those affected by the problem. Over the past three (3) years, the District has seen a 153% increase in deaths due to opioids overall (including heroin). OCME detected the presence of fentanyl in 65% of these fatal overdoses. The demographics of these fatal cases are predominantly African American males, between 40-69 years of age, from Wards 7, 8, 5 and 6.



*Panel Moderator, Director Jenifer Smith*

The Pretrial Services Agency for the District of Columbia (PSA) is responsible for providing pretrial supervision for District residents. Leslie Cooper stated that PSA operates an office of forensic testing services, where the agency engages in drug testing for both the pretrial and post-conviction population. PSA typically has performed full panel testing of approximately 300,000 specimens; full panel screening detects all types of opiates: codeine, heroin, hydrocodone, morphine, oxycodone, etc. In 2013, heroin accounted for about 2.5% of all positive tests. Beginning in 2014, PSA added a test designed to distinguish fentanyl from other opiates. In 2016, PSA engaged in two studies of random samples searching for fentanyl. The first, a 5-month, 850 sample study, found a 5.5% positive rate for fentanyl. A second study of 1,600 random samples found a 6.3% positive rate for fentanyl. PSA testing does not currently distinguish between different fentanyl analogs, but this is an agency priority which will continue to be addressed moving forward.

Alicia Washington noted that the mission of the Office of the Attorney General (OAG) is public safety. OAG has jurisdiction over the prosecution of adult misdemeanors, traffic offenses, DUI's, and juvenile offenses. OAG collaborates with local and federal agencies to raise awareness to curtail the opioid epidemic. Synthetic opiates are on OAG's radar, particularly in terms of opioid-related DUI's.

Assistant Chief Kimberly Chisley-Missouri stated that the Metropolitan Police Department's (MPD) primary role in combating synthetic opiates is the curtailing of drug trafficking and drug sales through the Narcotics and Special Investigations Division (NSID) – the primary unit that handles drug enforcement and interdiction. Assistant Chief Chisley-Missouri stated that there has been an increase in the presence and use of heroin/fentanyl on the streets. In 2016, MPD made 218 heroin distribution arrests (involving an amount



of heroin not for personal consumption). Last year at this time, there were 47 arrests; to date in 2017, the number of arrests has jumped to 73. Initially, neither sellers nor users seemed to be aware that the heroin packages they were consuming contained fentanyl. However, today, users have a high demand for packages that contain fentanyl, because they know that it will result in a more intense high. Because fentanyl is being imported from outside of the country, MPD is working more closely with federal partners to crack down on fentanyl.



*Panelists from left to right: Dr. Chikarlo Leak, Leslie Cooper, Alicia Washington, Kimberly Chisley-Missouri, Dr. Tanya Royster, and Dr. LaQuandra Nesbitt*

Through street-level enforcement, community patrolling, and collaboration with federal law enforcement agencies, MPD works to ensure as many narcotics are off the street as possible. MPD gathers intelligence through undercover work and surveillance. Officers will also flood a high-traffic area with a uniformed presence to divert activity. While the agency works with other government entities, the community is the important fountain of information. Accordingly, MPD strives to strengthen ties with community members to get valuable and crucial intelligence.

**Dr. Tanya Royster** stated that the primary role of the Department of Behavioral Health (DBH) is oversight and monitoring of the District's robust behavioral health system for persons suffering from substance abuse and mental health disorders. The data collected by DBH regarding substance use is all self-reported by individuals seeking treatment. When an individual comes to DBH, they are asked what their drug of choice is, and whether they have use any secondary drugs. Oftentimes, persons may not be aware of what exactly is mixed in with their drugs – instead they only know the specific high they get from a particular substance. For this reason, self-reporting of synthetic opiate use is likely under-reported. In 2013, 3% of DBH clients self-reported use of synthetic opiates; in 2016, the rate of self-reported synthetic opiate users climbed to 7%.

**Dr. LaQuandra Nesbitt** is the District's Heroin Taskforce co-chair. The Taskforce was assembled to address the District's decades-long challenge with heroin abuse. The Department of Health (DOH) has statutory and regulatory responsibilities to schedule certain drugs to assist in prosecuting drug cases. Additionally, DOH uses public health tools to track matters of public health in the community. The Heroin Taskforce convenes monthly, working with local and federal partners in a joint public health/law enforcement approach to this epidemic. The Taskforce collects data from a number of sources, including Fire and EMS (FEMS) transports and Narcan/Naloxone administration, which is a drug used to counteract the effects of an opioid overdose. DOH also gathers information from peer support workers and public outreach teams, which are often the

most reliable source of information on drug use trends. Dr. Nesbitt noted that the District's population of heroin/synthetic opiate users is very different from most of the country. Users in the District tend to be older (50-55 years old) African American males, who often have been heroin users for 20 or more years.

### Intervention Activities

Dr. Royster echoed Dr. Nesbitt, highlighting the need to hone in on the messaging needs of our specific population of users, which is quite different from the rest of the nation. For many District users, "treatment" in the traditional sense is not necessarily required, since many of these individuals have been "functioning addicts" for over 20 years. Instead, users need to be educated on the dangers posed by substances such as synthetic opiates that are being mixed into heroin. DBH will continue to target messaging to the intended audience; users are encouraged to never use alone, and to keep Narcan/Naloxone nearby when they do use. While the agency will continue to encourage treatment, the primary aim is to ensure people are using drugs safely to prevent fatal overdoses.

Dr. Nesbitt discussed the harm reduction strategies employed at DOH, such as encouraging the administration of Naloxone. Data indicates that the administration of Naloxone is working, preventing deadly overdoses throughout the city. She also spoke about intervention strategies, including the use of outreach specialists get in contact with an individual's network of peers to change drug usage patterns. DOH is working to increase the number of organizations offering medication-assisted therapy, and to increase awareness of the existence of such programs. Out of 70 providers in the District who have signed up to provide Suboxone (used to treat heroin addiction), only 5 currently prescribe it.

DOH receives alerts to monitor opioid overdoses in District of Columbia emergency rooms; information on hot spots and overdose spikes is shared with partner agencies.

### The Vital Role of Community

Panelists discussed the important ways that community members can help curb the rise of synthetic opiates. The faith-based community has always been a center of engagement and community activity. Greater collaboration between government agencies and faith-based institutions can help spread awareness of the dangers of synthetic opiates, and to share information on the location of treatment centers, and the availability of Narcan and Suboxone throughout the city for persons who overdose and for those ready to receive treatment.

Assistant Chief Chisley-Missouri stated that the synthetic opiate problem is not one that can be solved through arrests. Education, prevention, and treatment will be key. MPD, OAG, and USAO have stepped up its



involvement and participation in the Superior Court's Drug Intervention Program, colloquially known as "Drug Court". This specialty court is designed to handle cases involving substance-dependent or addicted defendants with non-violent misdemeanor and felony charges. Drug Court is managed by PSA and offers participants a comprehensive approach to address addiction. Leslie Cooper emphasized that diversion from prosecution through programs such as Drug Court are crucial to ensuring that we are not criminalizing substance abuse in the District, and that individuals who are ready for treatment are afforded that opportunity.

DBH offers various ways for the community to be more involved. Individuals or organizations seeking informational materials to distribute for juveniles and for adults are encouraged to contact Eric Chapman ([eric.chapman@dc.gov](mailto:eric.chapman@dc.gov)) or Bruce Points ([bruce.points@dc.gov](mailto:bruce.points@dc.gov)). Persons seeking treatment can call the Access Helpline, 1-888-7-WE-HELP, a 24-hour, 7 day a week telephone line staff by behavioral health professionals who can connect users to immediate help or ongoing care. Additionally, DBH has set up educational training opportunities for faith-based leaders.



*The panel fielded questions and heard recommendations from concerned audience members*

Dr. Nesbitt emphasized the importance of ensuring treatment and intervention are carried out in a manner free of judgment. Persons who have substance use disorders must be able to ask for resources and know that they are being held free from judgment for doing so. Government entities, community service providers, organizations, and faith-based institutions need to communicate to users that the collective goal is to help, and to assist individuals become successful contributors to society.

#### Audience Q&A

Audience members posed questions, highlighting their desire to see more treatment facilities in the District, greater availability and use of diversion from prosecution, and more targeted educational campaigns to inform users of the dangers of synthetic opiates.

Dr. Royster stated that the District contracts with 23 providers for substance use. She noted, while the city has a robust system already in place, DBH is always looking to expand programming, whether that involves contracting with additional providers or offering additional services. Dr. Royster stated that the District

does not have a long-term (6-12 month) treatment facility, but that there are recovery homes which provide some distance for recovering addicts, yet still allow them to be connected to their communities. She added that the challenge with long-distance treatment is that users often do not learn to deal with the triggers in their communities that led to substance use, and that receiving treatment in the community is often most successful for long-term recovery.

The audience asked about District efforts to discourage heroin use in hot spots, such as Marvin Gaye Park in Ward 7, where people engage in heroin sales and use on a daily basis. Assistant Chief Chisley-Missouri acknowledged that the park, located in MPD's 6<sup>th</sup> District, has long been a problem. MPD has organized clean-

up efforts in the park ahead of community events. Drug enforcement in this area will continue to be a focus for MPD.

Audience members mentioned the need for a greater focus on the adult population, as it appears that there may be a disproportionate focus on juvenile rehabilitation. Attendees would like the District to pursue greater use of peer specialists, to meet addicts where they are. Dr. Nesbitt stressed the importance of all persons to be able to receive treatment when they're ready, regardless of age. She also agreed that persons who have been through a similar experience to users are often better suited to reach those in need of recovery. Many counselors working in the field and at treatment facilities throughout the District have a past history of use. However, the District is faced by the challenge of an aging counselor/treatment provider population. There are not enough younger substance use professionals engaging in this work. District agencies will continue to work to reverse this trend.

## Recommendations and Next Steps

- Greater focus on evidence-based harm reduction methods for curbing synthetic opiate use.
- MPD Narcotics Division will continue focusing on intelligence gathering, surveillance, and stepping up uniformed presence in known heroin hot spots.
- Implement enhanced surveillance systems for opioid-related overdoses at known hotspots.
- Emphasize the use of peer specialists to reach tight-knit communities of long-time users.
- Expand the availability of medication-assisted therapy for persons with opioid dependency. Currently, there are only five (5) treatment centers in the District prescribing Narcan/Naloxone, out of 70 providers who have signed up.
- Address the aging population of substance use counselors and treatment providers in the District.
- Engage in more targeted messaging around safe usage and Narcan/Naloxone aimed at the District's unique population of heroin users, rather than the general public.
- Provide more community and faith-based training.
- Continue to strengthen ties between government and the community.
- Establish a culture of judgment-free treatment and assistance for users in need.





*As an independent agency, the Criminal Justice Coordinating Council (CJCC) for the District of Columbia is dedicated to continually improving the administration of criminal justice in the city. The mission of the CJCC is to serve as the forum for identifying issues and their solutions, proposing actions, and facilitating cooperation that will improve public safety and the related criminal and juvenile justice services for District of Columbia residents, visitors, victims and offenders.*

*The CJCC would like to thank its federal and local partners for making the Spring Public Meeting possible: the Department of Behavioral Health, the Department of Health, the Department of Forensic Sciences, the Metropolitan Police Department, the Office of the Attorney General, the Office of the Chief Medical Examiner, and the Pretrial Services Agency for the District of Columbia. The CJCC would like to acknowledge Shiloh Baptist Church for hosting the Spring Public Meeting.*